

WISCONSIN DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Workforce Solutions
Bureau of Workforce Programs
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TO: Medical Assistance Handbook Holders

FROM: Gary Denis, Acting Director
Bureau of Workforce Programs

Rick Zynda, Director
Office of Nutrition Services and Program Integrity

RE: MA Handbook Release 02-01

DATE: January 1, 2002

EFFECTIVE DATE

Release and effective dates are on each page in the upper left-hand corner. The first is the release date; the second is the effective date. Policy changes are noted with a vertical line. Deletions are noted with a horizontal line.

Implement the instructions at application, review, and change, or, if you wish, earlier. If there is a different effective date or implementation schedule, it will be noted below.

The following changes are included in this release:

CHANGES

Disabled Minor Unit,
19.1.2, 23.4.2, 23.6.0,
30.5.0, 30.5.1, 30.7.0,
FC Non-MA Worksheet

Effective 1/1/02, the following income and allowance amounts increased due to COLA.

Description	Old Amount	New Amount
Community Waivers Basic Need Amount	711.00	725.00
Institutions CAT Needy Income Limit	1593.00	1635.00
SSI Federal Payment Amount	531.00	545.00
Community Waiver Special Income Limit for 1 Person	1593.00	1635.00
EBD CAT NDY Income Limit for 1 person	437.78	447.11
EBD CAT NDY Income Limit for 2 people	662.72	676.72
EBD MA Shelter Limit for 1 person	177.00	181.67
EBD MA Shelter Limit for 1 person	265.33	272.33
SSI Payment Level plus the E Supplement	710.77	724.77
EBD Deeming AMT to Ineligible Minor	265.00	272.00
SSI Payment Level for 1 Person (\$545 Federal plus \$83.78 State Supplement)	614.78	628.78
SSI Payment Level for 2 People (\$817 Federal plus \$132.05 State Supplement)	928.05	949.05

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3.6.4, 6.7.3.3, 6.7.3.5, 11.2.1 11.5.1, 11.7.9, 11.7.9.2, 11.8.1.4, 11.8.1.5, 12.5.0, 16.2.0, 16.2.1, 16.3.1, 22.3.1, 22.3.2, 28.1.0, 30.4.0, 34.1.0	The references to assets for Family Medicaid were removed. Effective 10-1-01, there is no asset test for Family Medicaid.
3.1.12	The definition of a parent was clarified to be sure that all parents that are natural or legally adoptive parents are included. This can include parents of the same gender if they are both the legal parents.
3.1.15	Definitions of claimed, acknowledged and adjudicated fathers were added.
3.3.1	We changed the reference from the Income Maintenance Manual Chapter I, Part A, 5.0.0 to the MAHB, 3.3.2.
3.3.2	Joint custody information was incorporated from the Income Maintenance Manual Chapter I, Part A, 5.0.0. This information is still available in the IMM.
6.7.1, 6.7.2	Medicaid Purchase Plan (MAPP) was added to the hierarchy after SSI-related medically needy deductible.
9.8.0	The inter-agency transfer policy was updated to reflect the policy stated in Ops Memo 01-66. A review is not required when a client moves from one county to another.
11.0.0	We renumbered the appendix due to the burial asset changes.
11.1.0	An introduction was added to clarify that asset policies only apply to EBD Medicaid. Don't count income as an asset in the month it was received.
11.2.1	The title of this section was changed to reflect that this policy only applies to real property and not personal property.
11.4.0	We pulled the accounts definition into its own section and made joint accounts a subsection.
11.5.1	Burial trust information was moved from 11.4.2 to 11.5.1. We added a reference to 23.4.0 for burial insurance when there is a community spouse.
11.5.2	We added a definition of burial insurance and clarified existing policy. If a policy has a cash surrender value it is life insurance, not burial insurance.

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- 11.5.2 (cont.) A separate signed statement from the beneficiary is not a condition of classifying burial insurance as unavailable.
- 11.5.3 We added a section on Life Insurance Funded Burial Contracts (LIFBC), including definitions and policy information for revocable and irrevocable assignment of LIFBCs.
- 11.5.4 The burial plots section (formerly 11.4.1) was deleted and incorporated into 11.5.4 in the list of burial spaces.
- We added a clarification sentence to indicate that a burial space is exempt if it is paid for.
- 11.5.5 We clarified that the face value of an irrevocable burial trust is the amount that can be exempted. LIFBCs were incorporated into the burial fund policy.
- An example was clarified and an example was added.
- 11.8.0 We included a definition for real property.
- 11.8.1 We expanded the title of this section to include homestead property.
- 11.8.1.2 We included instruction to treat non-motorized trailer homes as real property, regardless of whether or not the client owns the land where it sits.
- 12.0.0 We reorganized and renumbered the Appendix to make it consistent with other Appendices in the MA Handbook.
- 12.1.1 We removed the list of regular Medicaid programs and replaced it with a list of Medicaid subprograms that are not full-benefit Medicaid programs.
- 12.3.0 We state nonfinancial requirements that are specific to BadgerCare. Nonfinancial requirements for all Medicaid were removed because they could be found in other parts of the handbook.
- 12.3.2 We added a reference to joint custody and indicated that this should be used whenever there is any question of who should be considered the primary person when both parents are applying. This includes when a child spends equal time in each household.
- 12.3.3 We moved the Health Insurance Premium Payment (HIPP) section, and added a reference to 38.7.0

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12.3.4.2	EDS sends verified insurance coverage eligibility information to CARES.
12.3.4.3, 12.3.5.6	We clarified policy on individuals who involuntarily lose coverage and access to their insurance through loss of employment. They may be eligible as of the day after insurance is lost.
12.3.5	EDS verifies insurance access according to current employment information entered into CARES.
12.3.5.1, 12.3.5.2	We updated examples.
12.5.0	We clarified fiscal test group policy for BadgerCare. Ineligible household members who are only legally responsible for a test child should not be included in the group.
12.5.3	We expanded the definition of test children to include those children that are ineligible for BadgerCare only because they are receiving adoption assistance.
12.6.2	We more concisely state the disregards.
12.8.0	We added a reference to the calculation for the total family income.
12.8.1	We added additional instructions for sending in an initial BadgerCare premium. We also included the address for the Firststar Lockbox.
12.8.2	You must contact a client so that s/he can indicate a premium payor.
12.8.2.1	We clarified that EDS only provides information about premium payment methods upon request. ES should be providing the wage withholding and EFT forms to clients.
12.8.2.2	We created a new section and expanded the advance premium payment information.
14.2.2.1	We corrected the dates in the example to correctly reflect the policy regarding the date of transfer of an asset.
14.11.0	The title of this section was changed to maintain consistency.
15.3.5, 15.3.6	We moved definitions for Medical Expenses, Remedial Expenses and Impairment Related Work Expenses to the

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- 15.3.5, 15.3.6 (cont.) Income Appendix, from Community Waivers (25.0.0) and MAPP (33.0.0).
- 15.4.11, 15.4.12, 15.5.8 This corrects cross references.
- 20.5.3.2 We updated the reference to 10.7.0.
- 22.5.3 The SEIRF is now being referred to by it's form number, DES 2131.
- 23.4.0 Cross references were corrected.
- 23.4.1 We changed the reference for the documentation required for assets to the Verification Appendix (37.0.0).
- 23.4.2 Effective 1/1/02, the Community Spouse Asset Share (CSAS) increased from \$87,000 to \$89,280. The \$174,000 amount changed to \$178,560.
- 23.6.0 A cross reference was corrected.

Effective 1/1/02, the Community Spouse income allocation amount increased from \$2,175 to \$2,232.

The following standard allowances changed effective 10/1/01.

If Community Spouse pays:	Old	New
Heat and utilities	\$201	\$203
Utilities only	\$115	\$117
Telephone only	\$27	\$27

- 25.1.0 We updated the list of community waivers programs and added an additional waiver eligibility criteria. To be eligible for community waivers, a person must have a need for long term care services.
- 25.2.0 We added a reference to a list of subprograms that are not full-benefit Medicaid.
- 25.2.1 Case managers can submit either the DSL-919 or the CARES budget screens for Group A waiver cases. Budget screen names were added.
- 25.2.2 The Community Spouse information was removed and replaced with references to 23.3.0 and 33.3.6.

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- 25.2.3 We added a reference to 25.7.0.
- 25.3.0 We changed the reference from 10.4.2 to 23.2.1 for the community spouse definition and clarified the example. We added references for spousal impoverishment asset tests.
- 25.5.0 We added a reference to cost share calculation instructions and a sentence stating payment of cost share is a condition of eligibility.
- 25.5.1 We added Group C spenddown policy information.
- 25.6.0 We removed the Medicare Buy-In section. Waiver recipients are not automatically eligible for premium assistance (See 27.0.0).
- 25.8.0 We moved a sentence that states MA recipients with full-benefits are considered Group A for waivers to 25.9.1.
- 25.9.0 We clarified when to use the Waiver Eligibility and Cost Sharing Worksheet (DSL-919).
- 25.9.1 We altered the list of programs that are not full-benefit Medicaid programs. Though full-benefit Medicaid, do not consider Katie Beckett recipients Group A waiver participants.
- We added material that explains how deductibles impact waiver eligibility.
- 25.9.2 We removed the income limit information and added a reference to 30.5.0.
- Effective 1/1/02, the Community Waivers special income limit for one person increased from \$1593 to \$1635.
- 25.9.2.1 The “room” amount for clients in a CBRF, RCAC or AFH was moved in this section, so that it is included in the list for determining the special housing amount.
- Effective 1/1/02, the Community Waivers Basic Needs Allowance increased to \$725.
- Effective 1/1/02, the total of the community waivers basic needs allowance, the 65 ½ earned income disregard and special housing amount cannot exceed \$1105.

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25.9.2.3	We added a reference to a list of insurance types in 38.4.0 and added an example.
25.9.2.4	We replaced the definitions for Group B medical/remedial expenses with a reference to 15.3.5.
25.9.3	We removed the income and asset limits from this section. See 30.5.0.
25.11.0	We added a reminder to ES to notify the Case Manager if a client loses MA eligibility.
26.6.0	The inter-agency transfer policy was revised to reflect the policy stated in Ops Memo 01-66. A review is not required when a client moves from one county to another.
28.0.0	The FFU appendix was changed to assist with manual processing. The FFU worksheet was also updated to align it with the appendix.
30.13.0	We moved the MAPP premium schedule from 33.0.0.
31.0.0	The Caretaker Supplement Appendix was renumbered and revised due to the automation scheduled for 1/25/02. This policy is effective 1/1/02. Caretaker Supplement is not a Medicaid program. Information about EOS Reports and Policy Documents (formerly in 31.7.0 and 31.8.0) was removed.
32.0.0	The Family Care Eligibility – Non-MA Financial Determination worksheet was revised to correct a typing error and to reflect the increase in COLA (effective 1/1/02), standard utility allowance (effective 10/1/01), and Food Stamp allotment amounts (effective 10/1/01).
33.0.0	We revised this appendix to reflect the automation of MAPP scheduled for 1/25/02. It was renumbered and rewritten in order to incorporate additional information and to clarify existing information.
33.1.1, 33.1.3, 33.1.4	The definition of MAPP was updated, and definitions of Medical/Remedial Expenses and IRWEs were moved to 15.3.5 and 15.3.6. The Health and Employment Counseling (HEC) definition and processing information was moved to 33.3.4.
33.2.0	Application processing instructions were revised due to automation.

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- 33.3.0 MAPP nonfinancial criteria were clarified and expanded to include information about:
- 33.3.1 Disability
 - 33.3.2 Work Requirement
 - 33.3.2.1 Self-Employment
 - 33.3.2.2 Contractual Employment
 - 33.3.2.3 Employment Ending
 - 33.3.2.4 Temporary Employment
- 33.3.3 To qualify for a work exemption, a client must have been enrolled in MAPP for six months and paid any applicable premiums.
- 33.3.4.1, 33.3.4.2 HEC manual processing instructions were removed.
- 33.3.5 A reference to information about HIPPA and cooperation requirements was added.
- 33.3.6 There are no spousal impoverishment protections for MAPP.
- 33.3.7 Institutionalized clients may qualify for MAPP if they fail institutional MA.
- 33.3.8, 33.3.8.1 MAPP is a full-benefit MA subprogram for Community Waivers participation.
- 33.4.2 We added an instruction to compare the result of the net income calculation to the FPL chart in 30.6.0. Dependent children should be included when determining fiscal test group size.
- 33.5.0 Premium calculation instructions were clarified and references were added. The MAPP Premium Schedule was moved to 30.13.0.
- 33.5.2 We added instructions for collection of initial premiums.
- 33.5.3 Information about premium payment methods was added. Electronic Funds Transfer (EFT) and wage withholding are payment options.
- 33.5.3.2 When a client has made advance premium payments, and the premium increases, EDS will not send a monthly billing coupon for the difference owed.
- 33.5.3.3 We clarified that the client's estate may be entitled to a refund if s/he dies between adverse action and the beginning of the benefit month.

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33.5.5, 33.5.6	Information about late payments and non-payments was revised due to automation.
33.6.0	The Restrictive Re-enrollment Period (RRP) and good cause sections were expanded.
33.9.0	Information about notices was revised due to automation.
34.4.3	We changed the BadgerCare overpayment reference.
35.0.0	We added the Authorization of Participant's Representative form (DES 2375). We included revised versions of the Medical Examination & Capacity Form (DES 2012), the Health Insurance Information Form (DES 2096), and the Notice to Institutions, Nursing Home and Client Form (DES 3030).
38.0.0	The Third Party Liability Appendix was renumbered to accommodate additional information.
38.2.0	HIPAA was moved to this appendix from the BadgerCare appendix.
38.3.0, 38.3.4	Instruction was added to enter insurance information in CARES.
38.3.1	We corrected the address that casualty claims are sent to.
38.3.2	We clarified that the client must cooperate in providing health insurance coverage and access information, unless s/he is exempt or there is good cause for refusing to cooperate.
38.7.0	Information about HIPPP and cooperation requirements for MAPP and BadgerCare was incorporated in this section from Appendix 12.0.0 and Ops Memo 01-15.
38.10.3	The Health Insurance Information form (DES 2096) and this section of the Appendix were revised to reflect the fact that a Policyholder does not need to provide his/her social security number.

Handbook Maintenance

1. Disabled Minors Unit: Replace page 3.
2. Appendix Table of Contents: Replace pages 1 - 28.
3. Appendix 3.0.0: Remove the current appendix and replace with the new one.

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4. Appendix 6.0.0: Replace pages 13 - 18 with the new pages.
5. Appendix 9.0.0: Replace pages 5 & 6 with the new pages.
6. Appendix 11.0.0: Remove the current appendix and replace with the new one.
7. Appendix 12.0.0: Remove the current appendix and replace with the new one.
8. Appendix 14.0.0: Replace pages 1 & 2, 13 - 18 with the new pages.
9. Appendix 15.0.0: Replace pages 11 - 21 with the new pages.
10. Appendix 16.0.0: Remove the current appendix and replace with the new one.
11. Appendix 19.0.0: Replace pages 3 & 4 with the new pages.
12. Appendix 20.0.0: Replaces page 7 & 8 with the new pages.
13. Appendix 22.0.0: Replace pages 3 - 11 with the new pages.
14. Appendix 23.0.0: Replace pages 3 & 4, 7 - 10 with the new pages.
15. Appendix 25.0.0: Remove the current appendix and replace with the new one.
16. Appendix 26.0.0: Replace page 3 with pages 3 & 4.
17. Appendix 28.0.0: Remove the current appendix and replace with the new one.
18. Appendix 30.0.0: Replace 30.4.0, 30.5.0 and 30.7.0 with the new pages. Add 30.13.0 "MAPP Premium" after 30.12.0.
19. Appendix 31.0.0: Remove the current appendix and replace with the new one.
20. Appendix 32.0.0: Replace the Family Care Eligibility – Non-MA Financial Determination Worksheet with the new one.
21. Appendix 33.0.0: Remove the current appendix and replace with the new one.
22. Appendix 34.0.0: Replace pages 1 & 2 with the new pages.
23. Appendix 35.0.0: Add DES 2375 after DES 2363. Replace DES 2012, DES 2096 and DES 3030 with the new forms.
24. Appendix 38.0.0: Remove the current appendix and replace with the new one.
25. Worksheets: Remove the FFU Asset Worksheet.